



CHESHIRE COUNTY COUNCIL

EDUCATION COMMITTEE

REPORT

OF THE

Chief School Medical Officer

FOR THE YEAR

1935

BY

IAN MACKAY

M.B., Ch.B., D.P.H.

PHILLIPSON & GOLDBER LTD., PRINTERS, CHESTER.



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MEDICAL INSPECTION

STAFF

School Medical Officer:

IAN CAMPBELL MACKAY, M.B., Ch.B., D.P.H.

District School Medical Officers:

W. J. McIVOR, B.A., M.B., Ch.B., D.P.H.

MARY A. THOMAS, M.B., Ch.B., D.P.H.

R. J. CLARK, M.B., Ch.B., D.P.H.

GLADYS WILKINSON, M.R.C.S., L.R.C.P.

M. A. MACKENZIE, M.B., Ch.B., D.P.H.

Ophthalmic Surgeons (Part-Time):

W. DUNLOP HAMILTON, M.B., B.Ch., D.O.M.S.

CYRIL JACOBS, M.D., M.B., B.S.

Orthopædic Surgeons (Part-Time):

H. OSMOND CLARKE, M.B., B.Ch., B.A.O., F.R.C.S.

R. WATSON JONES, M.D., F.R.C.S.

T. HARTLEY MARTIN, M.B., Ch.B.

HARRY PLATT, M.S., F.R.C.S.

HENRY POSTON, M.B., B.Ch., B.A.O.

W. MITCHELL SMITH, C.M., M.D.

School Dental Surgeons:

H. R. PARRY, L.D.S. (Senior).

S. O. STEWART, L.D.S.

R. H. HAMLYN, L.D.S.

A. F. HELY, L.D.S.

F. L. JONES, L.D.S.

F. JONES, L.D.S.

E. S. POULTER, L.D.S.

E. JOHNSON TAYLOR, L.D.S.

Health Visitors: 39.

Dental Nurses: 8.

Superintendent Clerk: VINCENT O'CONNOR.

CHESHIRE COUNTY COUNCIL
EDUCATION COMMITTEE

INTRODUCTION

*To the Chairman and Members
of the Education Committee.*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the School Medical Service for the year 1935.

There has been little or no variation in the work of the School Medical Service during the year, and the work has been well maintained.

A much more comprehensive survey into the question of malnutrition was made this year throughout all the schools in the county, with the gratifying result that only .4 per cent. of the children examined proved to be malnourished, which bears out my remarks in last year's report that the question of malnutrition in this county is not a serious one.

I would again draw special attention to the report on the Dental Service, which although understaffed continues to carry out excellent work.

I again wish to place on record my thanks to the Committee for their consideration, and to the Director of Education and his staff for their help and consideration.

I am,
Mr. Chairman, Ladies and Gentlemen,
Yours obediently,
IAN MACKAY,

17th April, 1936.

CHESHIRE COUNTY COUNCIL
EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

CHIEF SCHOOL MEDICAL OFFICER

FOR 1935

The Administrative County of Chester in 1935 comprised 59 Sanitary Districts, including 32 Urban Districts and 11 Rural Districts.

The Education Committee is the Local Education Authority for the whole Administrative County with the exception of 6 Municipal Boroughs situated within the County, i.e.,

Congleton, Crewe, Dukinfield, Hyde, Macclesfield and Stalybridge.

The total number of Schools in the whole educational area with their enrolments are as follows:—

		Schools.	Enrolments.
Elementary	...	339	56686
Secondary	...	19	6678

Numerous minor alterations and improvements have been carried out at School buildings during the past year but none of sufficient size to warrant special mention.

The following new school buildings have been completed—

Ellesmere Port The Grange Farm Estate (2 modern schools).

Hyde Technical School Workshop.

The following schools are in course of erection but not completed:—

Cheadle Hulme Woods Lane Council Senior School.
 Poynton Council Senior School.
 Bebington Stanton Road Council Primary School.
 Pensby Council Primary School.
 Gatley Council Primary School.
 Eastham Heygarth Road Council Primary School.
 Timperley Council Primary School.
 Calday Grange Grammar School New Gymnasium building.

Co-ordination.

As a result of the excellent co-ordination of the various health services in the County, children are kept under continuous observation from birth till they reach the school-leaving age. The services chiefly concerned are the Maternity and Child Welfare, the Tuberculosis, and the School Medical and Dental Services. At the age of 5, children are transferred from the Maternity and Child Welfare Committee to the Education Committee and complete records of their health transferred with them. The fact that the special services provided by both Committees are on the whole the same avoids any lack of continuity of treatment. The Health Visitors also act as school nurses.

School Hygiene.

The Assistant School Medical Officers in the course of their routine medical inspection make a comprehensive survey of the premises and any defects are noted and referred to the Director of Education.

Medical Inspection.

The work of medical inspection is carried out by 5 Assistant School Medical Officers each of whom is responsible for inspection of the children in one district.

The age groups examined during the year were those laid down by the Board of Education and are as follows:—

1. Entrants.
2. Intermediates, i.e., children between the ages of eight and nine years.
3. Leavers, i.e., children between the ages of twelve and fourteen years.

4. Specials, i.e., children specially brought forward by the Teachers, Health Visitors, Attendance Officers, or from some other source not in one of the above groups.
5. Re-examinations.

The following figures show the gross numbers of children inspected during the year as compared with the two preceding years:—

	Entrants.	Inter-mediates.	Leavers.	Specials.	Re-exams.	Total.
1933	5791	5743	6526	9981	5709	33950
1934	6148	6041	6275	10451	4913	33834
1935	6637	5757	6041	10390	4744	33589

Following Up.

For any scheme of School Medical Inspection to function properly an efficient scheme of following up cases found to require treatment is absolutely essential. The following-up is carried out by the Health Visitors, who make every endeavour to see that adequate treatment is carried out. When necessary, cases are referred back to the Assistant School Medical Officer for reinspection.

Many visits may be necessary in cases where the parents are neglectful and where much persuasion is necessary. In cases of serious defect where the Health Visitor is unable to persuade the parents the matter is passed on to the N.S.P.C.C. This latter course, I am pleased to say, it has seldom been found necessary to adopt.

Co-operation of Parents.

It is essential that parents should be encouraged to attend medical inspection. Not only does the School Medical Officer get valuable information regarding the child from the parent but he is also able to give advice as to the actual treatment necessary.

There is no doubt that parents as a whole appreciate the value of School Medical Inspection. This is very noticeable from the attendances in the Rural Areas where in many instances they have to travel a considerable distance to the school.

During the year 12,015 parents attended Routine Medical Inspection.

Co-operation of Teachers.

I would again draw particular attention to the very loyal co-operation of the teachers. The success of the School Medical Service is due in a great measure to the invaluable help of the teaching staff who are always most willing to facilitate the work of medical inspection. Consultations between the Assistant School Medical Officer and Teacher over cases where parents have been neglectful in carrying out previous instructions invariably end in satisfying results being obtained from the advice given. Such help is invaluable.

Uncleanliness.

In the course of the year the Health Visitors made 174,569 inspections for this condition, visiting each school on the average six times. The number found to be unclean was 2,801 or 1.5 per cent.

Although this is a condition which has improved with rapid strides during the past few years there is still room for improvement. The fact that certain schools in the County return 100 per cent. cleanliness shows that this can be achieved and is the ideal which should be aimed at in all schools. The interest of the Head Teacher in this matter makes a great difference to the results obtained.

Vaccination.

During the year a census of the number of children found to be vaccinated at routine medical inspection was taken and it was found that under 50 per cent. were vaccinated.

Malnutrition and Undernourishment.

In the report for 1934 reference was made to the subject of malnutrition, when from available statistics it was generally considered that the main contributory factors in cases which had been noted were improper feeding, faulty habits of hygiene and insufficient rest and not poverty and destitution. During the year under review a special census was made throughout all schools in the county and out of a total of 18,435 children examined only 82, or .44 per cent, were found to be malnourished.

Dr. Thomas, Assistant School Medical Officer for the Wirral District, reporting on conditions in her Area, writes as follows:—

No case of "bad" nutrition was found among those children in the "slightly subnormal" group. The parents

were interviewed in all cases possible, and general advice given, as it is often found that the fault lies not in the quantity of food consumed but in its quality, and is due not only to poverty, but also to unsuitable feeding, insufficient rest, or to some illness or defect, which has impaired the general nutrition. In those cases where the income falls below the standard rate, the children are referred for free milk or free meals, whichever scheme is in operation in that particular area. All cases receiving free meals or milk are reviewed at intervals.

Tonsils and Adenoids.

The number of cases referred for Tonsil and Adenoid operation shows a considerable reduction on previous years. The procedure of referring back for observation cases of slight or temporary enlargement and recommending operation only where there is much enlargement of the adenoid tissue, or where the tonsils are definitely unhealthy, has led to this marked reduction. As a result, practically every case operated on has shown a very notable improvement both in mentality and in general health.

The number of children found at both Routine and Special Inspections to require treatment for enlarged tonsils and adenoids was 958, as compared with 1,019 in 1934.

The number receiving operative treatment was 771.

Rheumatic Heart Affections.

Six beds have been reserved at Leasowe Hospital for children suffering from the above conditions, and below is set out a summary of the cases:—

No. of Rheumatic Heart cases reported during 1935	14
No. of cases admitted to Liverpool Open-Air Hospital, Leasowe, during 1935	10
No. of cases on waiting list at 31st December, 1935	5
Refused treatment during 1935	5

Debilitated Children.

Accommodation is provided for weak and debilitated children at Torpenhow Open-Air School, Frankby, and West Kirby Convalescent Home.

During the year, 68 children were accommodated—36 boys and 32 girls—at Torpenhow, and 30—11 boys and 19 girls—at West Kirby.

The value of a stay of six months or longer at Residential Open-Air Schools for debilitated or pre-tubercular children is unquestionable. The cases selected are those of poor physique and poor muscle tone; they are often pale and languid. The mother gives a history of poor appetites, lassitude, recurrent colds with bronchial trouble. On their return, there is a remarkable change in their general well-being and carriage; they gain in height and weight, and are improved in physical and mental vigour. These results are achieved by improved general hygiene, regular hours of rest and exercise, with plenty of fresh air and sunlight, good nourishing food, and an altered educational curriculum. These results are very well maintained, and it is only in a very few cases that they relapse into their former state. Unfortunately, there is often a long time to wait for a vacancy in these Institutions.

Tuberculosis.

All cases of tuberculosis or suspected tuberculosis when found in the course of medical inspection are immediately referred to the Tuberculosis Dispensaries which, as already stated, work in close co-operation with the School Medical Service.

The following Table shows the various types met with during 1935 (new cases):—

Pulmonary—

Definite	..	..	—
Suspected	..	..	8

Non-Pulmonary—

Glands	..	..	14
Bones and Joints	..	..	—
Skin	..	..	2
Abdomen	..	..	10

INSTITUTIONAL TREATMENT OF TUBERCULOUS CHILDREN*

Pulmonary Cases.

			Males	Females	Total
Children in Sanatoria					
1st January, 1935	..	..	7	5	12
Admissions during 1935—					
Definitely Tuberculosis cases	..	..	9	19	28
Observation cases	..	..	7	—	7
Discharged during 1935—					
Definitely Tuberculosis cases	..	..	11	11	22
Observation cases	..	..	4	1	5
Children in Sanatoria 31st					
December, 1935	..	..	8	12	20

* Although for the purpose of tuberculosis returns to the Ministry of Health, children are all aged under 15, the figures in the present report relate to school-children aged 5-16, the accepted limits for Physically Defective Children, unless it is otherwise stated.

Condition of Patients on discharge:—

Definitely Tuberculosis cases.

	Pulmonary.				Non-Pulmonary.		
	T.B. Minus	Group I.	T.B. Plus Group II.	Group III.	Bones and Abdom-Joint inal	Other Organs	
Quiescent	11	—	—	—	6	1	2
Not quiescent	5	—	1	2	22	28	36
Died in the Institution	—	—	—	3	—	—	—
Total ..	16	—	1	5	28	29	38

Observation cases:—

Non-Pulmonary

Definitely Tuberculous	..	..	4
Non-Tuberculous	..	..	—
Doubtfully Tuberculous	..	..	1

NOTIFICATION OF TUBERCULOSIS IN SCHOOL CHILDREN
AGES 5 TO 15.

The following Table shows the notifications on Forms A and B of School Children, aged 5 to 15, for the years 1931—1935:—

Year.	Pulmonary.		Non-Pulmonary.		Total.
	M.	F.	M.	F.	
1931	14	12	60	54	140
1932	13	19	59	49	140
1933	9	15	65	55	144
1934	9	11	63	54	137
1935	12	19	54	45	130

Infectious Skin Diseases.

Many children still suffer from minor infectious skin conditions, as in previous years. I would again stress the necessity of early treatment in such cases to avoid spread of infection. Too little importance is attached to minor infections of this sort. This unfortunately causes many exclusions

from school which could quite well be avoided if children so affected were advised to seek early treatment.

During the year, 3,148 cases were referred for treatment, of which 1,569 were cases of Impetigo.

Ringworm of the Scalp.

There is a slight decrease in the number of cases reported this year, there being 64 referred for treatment as compared with 84 last year.

X-Ray treatment is now available at Manchester Skin Hospital to those who desire to accept it.

During the year, 11 cases were treated under the County scheme.

Ringworm of the Body.

This condition is much more amenable to treatment, and does not seriously interfere with a child's attendance at school. This year, 53 cases were reported, 44 being treated under the Authority's Scheme and 9 otherwise.

Scabies.

The incidence of Scabies shows a slight decrease this year, 97 cases being reported as against 111 last year. Of these, 69 were treated under the Authority's Scheme and 28 otherwise.

External Eye Diseases.

During the year, 576 cases were reported under this heading by the Assistant School Medical Officers in the course of routine medical inspections, 112 being cases of Blepharitis, all of which were referred for treatment, the majority being treated at the Minor Ailments Clinics.

A considerable number of external eye defects are referred to the clinics direct by the teachers and school nurses, and during the year 705 cases were treated at the various Clinics.

Vision.

Defective vision still continues to be one of the principal defects found in the course of medical inspection, 3,440 children being referred to the Ophthalmic Surgeons for treatment. In addition to this number, 740 were referred for Squint and other conditions.

The extent of the work of the Ophthalmic Surgeons can be seen by a reference to the following table:—

EXAMINATIONS FOR DEFECTIVE EYESIGHT.

	No. Examined	D.V. due to errors of refraction (excluding squint)	Squint	Glasses Prescribed	Glasses Not Prescribed	Other forms of treatment	Bleph- aritis.	External Diseases.			Other Condi- tions
								Conjunc- tivitis.	Kerat- itis	Corneal Opacities	
Dr. Hamilton ..	2064	1537	402	1325	732	40	32	32	12	32	41
Dr Jacobs ..	1301	928	245	688	614	126	55	41	2	48	130
Totals ..	3365	2465	647	2013	1346	166	87	73	14	80	171

Children examined were those selected by the Assistant School Medical Officers, cases which Head Teachers and parents asked to be examined, and children who had had glasses prescribed for them in previous years. Examinations are carried out in individual schools and at the school clinics.

Minor Ailments.

The following Clinics are provided for the Treatment of Minor Ailments:—

<i>Town</i>	<i>Address</i>	<i>When held</i>	<i>Doctor</i>
Altrincham	1, Hawthorne Road, Hale	Monday, Wednesday and Friday, 1-30—2-30 p.m.	Dr. Mackenzie
Barnton	Barnton C.E. School	Thursday, 9-30 a.m.	"
Cheadle	Literary Institute	Mon. 2-30 p.m., Wed. 3 p.m.	Dr. Wilkinson
Cheadle Hulme	All Saints' Parish Room	Friday, 2-30 p.m.	"
Ellesmere Port	School Clinic, York Road	Daily, 9 a.m.—12 noon	Dr. Thomas (Alt. Wed.)
Frodsham	Methodist Sunday School	Tuesday, 2—4 p.m.	Dr. Clark
Hoole	55, Hoole Road, Chester	Mon., Tues., Thurs., & Fri., 9-30 a.m.	Dr. Thomas (Alt. Thurs.)
Hoyleake	8, Market Street	Daily, 9—10 a.m.	Dr. Thomas
Knutsford	Brook St. Lecture Hall	Weds., 9-30—11-30 a.m.	Dr. Mackenzie
Lymm	Child Welfare Centre, Booth's Hill	Mon., Tues., Thurs., Fri., 9—10 a.m.	"
Middlewich	The Priory	Monday 9 a.m., Wednesday and Friday 3 p.m.	Dr. Wilkinson
Nantwich	The Dowery	Daily, 9—10-30 a.m.	Dr. McIvor (each Wed.)
New Ferry	St. John's Parish Room	Daily, 3—5 p.m.	Dr. Thomas
Northwich	Parkfield, Middlewich Road	Daily, 9-30 a.m.	Dr. Clark
Runcorn	29, High Street	Tu., Wed. 9-30—11-30 a.m. Mon., Thurs., & Fri., 1-30—3-30 p.m.	"
Sale	70, Chapel Road	Daily, 9—10-30 a.m.	Dr. Mackenzie
Winsford	The Parsonage, Weaver Street	Monday & Wednesday 2 p.m., Friday, 9 a.m.	Dr. Wilkinson

During the year, 8,379 ailments were treated; of those, 7,998 were treated under the Authority's Scheme and 381 otherwise. This shows a slight increase of Minor Ailments treated in 1935.

Work of the Clinics.

Before attending the Clinic for treatment the school child obtains from the teacher an attendance card. Immediately after treatment at the Clinic the Nurse in charge marks on this card the date, the *exact* time at which the child leaves the Clinic, and her initials.

This ensures that the child has actually attended and will not linger unduly on the way back to school.

Minor Ailment Treatment Clinics are held on school days usually from 9-30 to 11-30 a.m. or 1-30 to 3-30 p.m., these times being chosen to allow attendance at school before treatment and return to school before the end of the morning or afternoon school session.

A large variety of cases is dealt with, the more common being impetigo, septic sores, skin diseases, uncleanliness of heads, minor cuts, bruises, sprains, etc., chronic ear discharges, chronic blepharitis, and other eye ailments, etc. In addition, advice is given to parents and to teachers as to the necessity of obtaining medical advice, and when a child is found to be suffering from more than a minor ailment the Nurses make a point of seeing that the parents realise the nature of the illness and the necessity for medical attention. This is now especially important, as parents on unemployment grants are reluctant to trouble their own or the Public Assistance doctor.

On fixed days each month the Assistant School Medical Officers attend all day, when the following cases are dealt with:—

1. Cases whose complete examination at School Medical Inspection would have occupied more than the time allowed for Routine Inspection.
2. Cases brought forward by teacher or parent whose symptoms are so vague and indeterminate that further observation is necessary to decide whether medical treatment by their own doctor is necessary.
3. Cases of tonsils and adenoids whose selection for operation now involves more discrimination and re-examination than was formerly considered necessary.

4. The supervision and re-examination of cases with prolonged attendance at the M.A. Treatment Clinics, e.g. chronic ear disease, chronic skin disease, etc.
5. Cases for examination, description and certification for Torpenhow, West Kirby, or other of the County Authority's Open-Air Schools or Convalescent Homes, including cases referred for this purpose by general practitioners, health visitors, etc.
6. Cases referred back by the D.T.O., County Orthopædic Surgeon, or more rarely by the Inspector of N.S.P.C.C.
7. Employment Certificates.
8. Reports and examination of Mental Defectives, Deaf and Dumb Children, etc.

Dental Scheme.

Mr. H. R. Parry, Senior Dental Surgeon, reports:—

The details of work done during 1935, as set out on page 20, are very satisfactory.

Of the 35,000 children inspected, 1,000 more children were treated, and 2,000 more permanent fillings done. The percentage of children accepting treatment rose from 67 to 72 per cent. in comparison with the previous year.

The organisation of the work this year has been slightly different from that of past years. In the first place, we put into operation the scheme mentioned in my last report, by which all parents were notified that children aged 7 and over refusing treatment this year would forfeit all right to future treatment by the School Dentist, a drastic procedure, but nevertheless very necessary with the present staff at our disposal. As a result, the percentage of children accepting treatment rose to 72 per cent—a very good performance, and, irrespective of this scheme, reflecting very great credit on the Dentist and Head Teachers.

Another alteration was made in the amount of treatment carried out for the children. In the past the Dentist allotted a certain number of days to certain schools in order that they might visit all their schools once every 12 months. In this way the children had all septic teeth removed, but only as many fillings and other work as time would allow. Thus many permanent fillings remained undone, and therefore there was all the more work at the next visit of the Dentist.

Also, many permanent teeth had to be extracted the following year which might have been saved.

This year *all* the treatment required was carried out, irrespective of time.

Two Lecturers from the Dental Board of the United Kingdom visited Cheshire for a week, and gave interesting talks and demonstrations to the children in all areas. They were very much appreciated.

I should like to express my thanks to all the Head Teachers for the great help and co-operation they have shown to the Dentists; without this, the Dental Scheme would suffer considerably, and their influence cannot be too highly estimated.

SUMMARY OF DENTAL REPORTS FOR 1926—1935.

Year	Number of Dentists	Number Inspected	Number Selected	Percentage Selected	Number Treated	Percentage Treated	Number of Fillings	Number of Extractions
1926	4	12356	8857	71%	4749	53%	4068	11242
1927	5	17484	12917	73%	6599	51%	5583	15067
1928	5	23823	15825	66%	9184	58%	5531	20768
1929	6	30984	19574	63%	11054	56%	7095	25734
1930	7	30914	22002	71%	13169	59%	7885	30279
1931	7 for 12 months 1 for 2 months	36217	25639	72%+70	16193	63%	11535	33834
1932	8 Dentists $\frac{7}{8}$ of time devoted to School work	40138	32154	80%	19108	59%	13656	45314
1933	Do.	39243	29042	74%	19200	66%	15063	38724
1934	Do.	35672	26512	74%	18006	67%	15128	35219
1935	Do.	35155	26180	61%	18996	72%	17203	37924

Orthopaedic Scheme.

The Orthopædic Scheme is now a completely comprehensive one, there being no part of the County that is not within reasonable distance of an Orthopædic Clinic. The system is that the Surgeons who attend the Clinics are on the Staff of the Hospitals to which patients are referred for treatment, so that patients on discharge continue under the supervision of the Surgeon who carried out the active treatment in Hospital.

The Orthopædic Clinics now established in the Administrative County, together with the attendances, days and times of opening, are set out in the following tables:—

TABLE I.

Place.	Day.	Time.	Surgeon.	Surgeon Attends.
Cottage Hospital, Alderley Edge	Alternate Thursdays	2 p.m. to 4 p.m.	Mr. Poston	Once every two or three months
General Hospital, Altrincham	Friday	2 p.m. to 4 p.m.	Mr. Poston	Fourth Friday each month
15, St. John Street, Chester	Friday	10 a.m. to 12 30 p.m.	Mr. Watson Jones	Once every two months
L.M.S. Ambulance Rooms, Crewe	Monday	10 a.m. to 12 30 p.m.	Mr. Clarke	Do.
12, West Street, Congleton	Tuesday and Friday	10 a.m. to 1 p.m.	Mr. Mitchell Smith	Third Tuesday each month
Welfare Centre, Ellesmere Port	Monday	2 30 to 4 30 p.m.	Dr. Martin	*Fourth Monday each month
Welfare Centre, 8, Market Street, Hoylake	Friday	2 30 to 4 30 p.m.	Dr. Martin	Third Friday each month
Orthopaedic Clinic, Parsonage Street, Hyde	Monday Wednesday Friday	10 a.m. to 5 30 p.m. 10 a.m. to 12 30 p.m. 10 a.m. to 5 30 p.m.	Mr. Poston	Third Friday each month
Welfare Centre, Recreation Ground, New Ferry	Monday and Thursday	2 30 to 4 30 p.m.	Dr. Martin	*Second Monday each month
Welfare Centre, 29, High Street, Runcorn	Friday	11 a.m. to 1 p.m.	Dr. Martin	*First Friday each month
Welfare Centre, Methodist Sunday School, Stockton Heath	Friday	2 30 to 4 30 p.m.	Dr. Martin	First Friday each month

* It has been found necessary to arrange for the surgeon to attend an additional session every two months at these clinics owing to increased attendances.

TABLE II.

The following table shows the number of non-tuberculous patients of school age attending the various Orthopaedic Clinics in the County, together with the number of patients discharged during the year and also the total number of attendances made.

CLINIC.	No. of Patients on Registers, 1/1/35.	No. of Patients admitted during the year.	No. of Patients discharged during the year.	No. of Patients on Registers, 31/12/35.	Total number of Attendances.
Alderley Edge	11	8	—	19	80
Altrincham ..	49	14	18	45	609
Chester ..	27	16	4	39	290
Congleton ..	10	7	5	12	164
Crewe	71	22	21	72	380
Ellesmere Port	43	26	10	59	789
Hoylake ..	22	13	5	30	689
Hyde ..	3	8	1	10	97
New Ferry ..	48	24	14	58	827
Northwich ..	5	16	14	7	1019
Runcorn ..	41	26	15	52	504
Stockton Heath	16	8	5	19	337
	346	188	112	422	5785

TABLE III.

Numbers and types of cases of school age who received in-patient treatment under the County Orthopædic Scheme during 1935.

			Robert Jones and Agnes Hunt Ortho- pædic Hospital, Oswestry	Liverpool Open-Air Hospital for Children, Leasowe	North Staffs. Ortho- pædic Hospital, Hartshill	General Hospital, Altrin- cham	Royal Infirmary, Man- chester	Ancoats Hospital	Biddulph Grange Ortho- pædic Hospital
Boys	..	..	5	6	3	—	—	1	1
Girls	..	..	8	6	—	2	1	—	—
Ankylosis Hip Joints			1	—	—	—	—	—	—
Congenital Deformity (Spine) ..	..		1	—	—	—	—	—	—
Poliomyelitis	..		5	1	1	—	1	—	—
Spastic Paralysis	..		1	1	—	—	—	—	—
Other forms of Paralysis	..		—	2	—	—	—	—	—
Perthes Disease	..		—	1	—	—	—	—	—
Pseudo-Coxalgia			—	—	—	—	—	—	1
Rickets	..	..	1	1	1	—	—	—	—
Scoliosis	..	..	1	—	1	—	—	—	—
Torticollis ..	..		—	—	—	1	—	—	—
Various Old Fractures			1	—	—	—	—	—	—
Other Deformities (Feet) ..	..		1	6	—	—	—	1	—
Other Deformities (Hands) ..	..		1	—	—	1	—	—	—

Blind, Deaf, Defective and Epileptic Children.

The question of accommodating certain grades of mentally defective children in the County is most acute. A certain number of cases are maintained in Institutions under other Authorities but such accommodation is strictly limited.

A Colony has now been established at Cranage Hall but at the moment is only accommodating a certain number of adult defectives. The building of an extension has now been commenced and it is to be hoped that the work will be quickly advanced with a view to relieving the present acute situation.

The case of the child suffering from combined defects continues to be another very acute problem as there is enormous difficulty in finding suitable accommodation for such cases.

Infectious Disease.

The Board of Education having ruled that Diphtheria Immunisation does not come within the scope of the School Medical Service, and that the responsibility lies with the Local Authorities, the latter have made considerable advancement in this direction in the course of the year.

In some districts the Toxoid Antitoxin is supplied free by the Local Authority to Practitioners who administer it to those who desire it, and in others arrangements have been made for both supply and administration, the Local Authority being responsible for the whole cost. Under the latter scheme 1,535 children out of 2,997 on the roll of the Sale schools have already been immunised.

School Closure.

Schools closed by the School Medical Officer:—

Measles... ..	8
Scarlet Fever	5
Whooping Cough	1
Influenza	3

School closure for infectious disease is resorted to only when there is definite evidence that it is the best method of preventing further spread of infection. In many cases closure can be avoided by judicious exclusion of individual cases.

During times of epidemics, especially in the populous Urban Areas, it is better to have the children under the

supervision of the teacher and School Medical Officer; prompt action can be taken when the first sign of sickening is observed.

In scattered Rural Areas, where children after school hours are unable to congregate in cinemas or play together in the streets owing to their natural isolation from each other, closure is often an advantage.

Employment of School Children.

During the year, 525 children were examined under the Employment of Children Bye-laws.

Miscellaneous Work.

During the year many visits were made to the schools apart from the normal Routine visits by the Assistant School Medical Officers for the purpose of investigating outbreaks of infectious disease. In many cases prompt action in seeking out and exclusion of contacts and carriers has prevented the further spread of disease and depletion of attendances. Examinations were also carried out in school to ascertain the fitness of children to take part in open-air swimming and camp life.

Cases dealt with by N.S.P.C.C.

The seven Inspectors of the N.S.P.C.C. who cover the County dealt with a number of cases referred to them by Health Visitors and Head Teachers. It is gratifying to observe the earnestness and tact shown by these Officers in carrying out this difficult work.

Provision of Meals.

In accordance with the procedure adopted in previous years, the County Education Committee supplied free meals and milk meals to necessitous school children in the Altrincham, North-East Cheshire, Central Wirral, Congleton, Macclesfield, Nantwich and Sale Districts for the year ending 31st March, 1936.

Total number of children who received free meals and milk meals	1622
Total number of meals and milk meals provided free	239479

In many schools in the County Area, dinner schemes for non-necessitous school children are in operation whereby the children remaining in school during the mid-day interval are provided, at a small charge, with either hot drinks or a

cooked dinner. In many instances these schemes are entirely self-supporting, but in other cases the County Committee makes a grant towards the wages of a cook employed to prepare the meals, and pays for the cost of utensils required.

Supply of Milk to Children in Elementary Schools.

The scheme for the supply of milk to necessitous children has been continued as in previous years with excellent results.

On October 1st, 1934, the Milk Marketing Board brought into operation a scheme whereby milk is provided to scholars at the rate of $\frac{1}{2}$ d. per one-third of a pint instead of the former charge of 1d. The main object of the scheme is to encourage and increase the consumption of milk.

The Board will only accept milk the source and quality of which has been approved by a Medical Officer of Health. In Cheshire the County Medical Officer of Health requires that all milk supplied to schools must be at least of Grade A quality, and further demands that biological examination of samples of such milk be made from time to time at the discretion of the Veterinary Officer.

There are in the County 121 herds supplying milk to schools. These herds are examined once each quarter by members of the Veterinary Staff, who also take the required samples. So far the results of bacteriological examinations of these samples have been most satisfactory.

The reports of the A.S.M.O.'s continue to show the beneficial results obtained in the general health of the children.

Secondary Schools.

The results of Medical Inspection in Secondary Schools are set out in Appendix II at the end of this report.

All Secondary Schools are visited once a year for the purpose of carrying out Routine and Special Examinations.

During the year 2,620 children were examined—1,380 boys and 1,240 girls. As in previous years the predominant defect was Defective Vision—212 being referred for treatment and 29 for observation.

Report by the Committee's Inspectors of Physical Training, 1935-36.

Much progress has been made during the year in physical training throughout the County Area. In the previous year, 1934-35, special attention was paid in the

schools to the Board's 1933 syllabus, which is now more thoroughly understood by a majority of teachers. During the past year the type of work recommended for boys and girls in Senior Schools has received special attention, and classes for teachers in these schools have been held in various centres in the County. Portable gymnastic apparatus has been provided in certain schools which have suitable accommodation and proper facilities for the development of apparatus work. In the recently built schools there are halls which can be used for apparatus work, but there are many of the older schools in which the accommodation is inadequate for the desired development of physical training in general. Some school halls are not suitable in size and design for physical training purposes, and the provision of gymnasias in senior schools would enable a fuller development of the work to be made.

In many of the non-provided schools and older buildings, poor playgrounds are still a great handicap to physical training activities; owing to the poor surface of many playgrounds regular lessons are often impossible, being dependent upon the weather conditions, while rough surfaces and small areas do not permit of the arrangement of certain desired activities.

During the year, the interest taken in the work by the teachers has been shown by the very satisfactory attendances at Teachers' Classes and Lecture-demonstrations, by the successful efforts which have been made in some schools to arrange a daily period of organised physical activity, and by the increase in the number of teachers who wear suitable dress while conducting the lessons.

Teachers' Classes.

Teachers' Classes dealing specially with work for Senior Schools have been arranged for periods of 15 weeks, for masters in the Altrincham, Central Wirral, and Nantwich Districts, and for mistresses in the Central Wirral, North East Cheshire and Winsford Districts. In addition, there has been a class for women teachers in Northwich, and lecture-demonstrations have been given in 16 centres. These lecture-demonstrations were arranged primarily for teachers who are unable to take an active part in the practical work of teachers' classes, and for those in country schools who are unable to attend classes held in the more populous districts. The attendance of 603 teachers at the meetings was very satisfactory.

Dress.

The example set to classes by teachers who wear a suitable costume for the physical training lessons has encouraged children in the matter of correct dress. Many more boys and girls now provide themselves with suitable footwear, and the number who change into suitable clothing has shown a great increase during the year. The example of the teacher in the matter of dress is very important; all teachers should wear suitable shoes, and those who are able to demonstrate and work with their classes should make every effort to change into proper clothing. It is important to train children to remove some clothing before exercising, and it is equally important that they should have clothing to put on as soon as a lesson is finished, in order to avoid catching cold by cooling down too rapidly.

Keep Fit Work.

During the year the question of the provision of facilities for Keep-Fit or Recreational Physical Training for youths and adults has received full consideration. In order to provide a supply of suitably qualified men and women to conduct Keep-Fit Classes, short courses of training for leaders have been held, seven for women and two for men. In addition to the general training, lectures on Keep-Fit ideals have been given to the classes by the County Medical staff. It is felt that during the coming year, the Authority will be able to provide facilities for Recreative Physical Training wherever there is sufficient demand for classes, and by close co-operation with the Rural Community Council to assist in the organisation of physical training in the youth clubs in the rural districts.

Swimming.

A separate report on the swimming instruction has been issued during the year. The following details show the progress made; 8,433 boys and girls attended swimming baths for instruction, an increase of 2,243 over the previous season; 2,858 swimming certificates were granted by the Authority, an increase of 25 per cent. over the previous season; 1,048 girls and 1,396 boys learnt to swim; and 403 certificates were awarded to boys and girls as a result of examinations arranged by the Royal Life Saving Society.

Films.

Sound films, professionally produced under expert guidance, dealing with the various aspects of the work in the Board's syllabus, have been found very instructive and of great interest to both teachers and scholars. These films, with

a running commentary, show excellent work being done by the classes of boys and girls in various types of schools, under the instruction of the class teachers. The Men Teachers' Physical Training Association, formed during the year, has organised special displays of a series of these films at several cinemas in the county area, and over 3,000 children and 200 teachers have witnessed them. Arrangements are being made to show the films at other centres in the near future.

MARY ALTHAM,

JOSEPH B. HALL,

VERA M. JEANS,

County Inspectors of Physical Training

May, 1936.

APPENDIX I.

STATISTICAL TABLES.

Public Elementary Schools.

Table I.—Return of Medical Inspections.**(A.) Routine Medical Inspections.**

Number of Code Group Inspections—

Entrants	...	...	6637
Second Age Group	...	...	5757
Third Age Group	...	...	6041
	Total	...	18435

(B.) Other Inspections.

Number of Special Inspections	..	...	10390
Number of Re-inspections	...	...	4744
	Total	...	15134

(C.) Children found to require treatment.

Number of individual children found at Routine Medical Inspection
to Require Treatment (excluding Uncleanliness
and Dental Diseases).

Prescribed Groups—

Entrants	...	...	960
Second Age Group	...	...	949
Third Age Group	...	...	1045
	Total	...	2954

TABLE II.

A Return of Defects found by Medical Inspection in the Year ended
31st December, 1935.

DEFECT OR DISEASE.	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment	Requiring to be kept under observation but <i>not</i> requiring Treatment	Requiring Treatment	Requiring to be kept under observation but <i>not</i> requiring Treatment
(1)	(2)	(3)	(4)	(5)
SKIN—				
Ringworm—				
Scalp	9	—	55	—
Body	5	—	48	—
Scabies	39	—	58	—
Impetigo	44	—	1525	—
Other Diseases (Non-Tuberculous)	92	4	1273	1
EYE—				
Blepharitis	77	—	112	—
Conjunctivitis	20	1	73	—
Keratitis	—	—	14	1
Corneal Opacities	7	1	80	—
Other Conditions (excluding Defective Vision & Squint)	22	1	171	—
Defective Vision (excluding Squint)	1012	118	2428	10
Squint	93	8	647	1
EAR—				
Defective Hearing	82	11	32	2
Otitis Media	81	3	31	3
Other Ear Diseases	9	—	5	—
NOSE AND THROAT—				
Chronic Tonsilitis only	149	532	45	119
Adenoids only	52	38	22	12
Chronic Tonsilitis and Adenoids	494	327	203	49
Other Conditions	66	—	23	4
ENLARGED CERVICAL GLANDS				
(Non-Tuberculous)	15	137	3	31
DEFECTIVE SPEECH	29	33	8	7
HEART AND CIRCULATION—				
Heart Disease—				
Organic	69	31	44	24
Functional	24	157	8	90
Anaemia	179	37	63	12
LUNGS—				
Bronchitis	102	28	26	10
Other Non-Tuberculous Diseases	82	39	12	8
TUBERCULOSIS—				
Pulmonary—				
Definite	—	—	2	3
Suspected	6	2	4	3

TABLE II.—*continued.*

DEFECT OR DISEASE.	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment	Requiring to be kept under observation but <i>not</i> requiring Treatment	Requiring Treatment	Requiring to be kept under observation but <i>not</i> requiring Treatment
(1)	(2)	(3)	(4)	(5)
Non-Pulmonary—				
Glands	13	6	8	4
Bones and Joints	2	3	2	3
Skin	1	—	—	2
Other Forms	16	3	6	9
NERVOUS SYSTEM				
Epilepsy	9	11	6	5
Chorea	9	8	9	6
Other Conditions	21	19	13	9
DEFORMITIES—				
Rickets	6	1	—	1
Spinal Curvature	15	7	6	3
Other Forms	90	33	22	14
OTHER DEFECTS AND DISEASES (excluding Uncleanliness and Dental Diseases)	272	92	100	116
Total	3313	1691	7187	562

(B.) Classification of the Nutrition of Children Inspected during
the Year in the Routine Age Groups.

AGE GROUPS	No. of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	6637	705	10.5	5094	76.7	811	12.2	27	.40
Second Age-group	5757	432	7.5	4339	75.3	958	16.6	28	.40
Third Age-group	6041	675	11.1	4431	73.3	908	15.1	27	.44
TOTAL	18435	1812	9.8	13864	75.2	2677	14.5	82	.44

TABLE III.

Return of all Exceptional Children in the Area.
(At 31st December, 1935).

Blind Children.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
14	—	1	3	18

Partially Blind Children.

8	23	—	2	33
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Deaf Children.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
23	—	—	4	27

Partially Deaf Children.

8	17	—	—	25
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Mentally Defective Children.**Feeble-Minded Children.**

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
27	298	—	33	358

Epileptic Children.**Children suffering from Severe Epilepsy.**

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
7	5	—	5	17

Physically Defective Children.**A. TUBERCULOUS CHILDREN.****I.—Children suffering from Pulmonary Tuberculosis.**
(Including pleura and intra-thoracic glands.)

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
3	16	16	36	71
II.—Children suffering from Non-Pulmonary Tuberculosis. (This category should include tuberculosis of all sites other than those shown in (I) above.)				
57	109	2	10	178

B. DELICATE CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
36	457	—	33	526

C. CRIPPLED CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
10	189	—	34	233

D. CHILDREN WITH HEART DISEASE.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
6	65	—	9	80

Children suffering from Multiple Defects.

Combination of Defect.	At Public Elementary Schools.	At no School or Institution.	Total.
Feeble-minded and Epileptic ..	1	4	5
Feeble-minded and Cripple ..	2	5	7
Feeble-minded and Blind ..	—	3	3
Epileptic and Cripple ..	—	3	3
Blind and Cripple ..	—	2	2
Blind and M.D. ..	—	2	2
Blind and Epilepsy ..	—	1	1
Heart Disease and Cripple ..	2	—	2
Heart Disease and Epileptic ..	1	—	1
Deaf and Physically Defective ..	—	3	3
Deaf and M.D. ..	—	4	4
T.B. and Heart Disease ..	—	2	2
TOTALS ..	6	29	35

Table IV.—Return of Defects Treated during the year ended 31st December, 1935.

Treatment Table.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group VI).

Disease or Defect. 1	Number of Defects Treated, or under Treatment during the year.		
	Under the Authority's Scheme. 2	Otherwise. 3	Total. 4
SKIN—			
Ringworm—Scalp ...			
(i.) X-Ray Treatment ...	11	2	13
(ii.) Other ...	47	6	53
Ringworm—Body ...	44	4	48
Scabies ...	53	16	69
Impetigo ...	1537	28	1565
Other Skin Disease ...	1263	49	1312
MINOR EYE DEFECTS ...	622	83	705
(External and other, but excluding cases falling in Group II.)			
MINOR EAR DEFECTS ...	501	39	540
MISCELLANEOUS ...	3920	154	4074
(e.g. Minor injuries, bruises, sores, chilblains, etc.)			
Total ...	7998	381	8379

Group II.—Defective Vision and Squint (excluding Minor Eye Defects Treated as Minor Ailments—Group I.).

Disease or Defect. 1	Number of Defects dealt with.		
	Under the Authority's Scheme. 2	Otherwise. 3	Total. 4
Errors of Refraction (including Squint). (Operations for Squint should be recorded separately in body of the Report) ...	3112	87	3199
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	425	55	480
Total ...	3537	142	3679
No. of Children for whom spectacles were			
(a) Prescribed ...	2013	87	2100
(b) Obtained ...	1196	167	1363

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.													
Received Operative Treatment.												Received other forms of Treatment	Total Number Treated.
Under the Authority's Scheme, in Clinic or Hospital. 1				By Private Practitioner or Hospital, apart from the Authority's Scheme. 2				Total. 3					
(i) 124	(ii) 64	(iii) 540	(iv) 10	(i) 3	(ii) 1	(iii) 28	(iv) 1	(i) 127	(ii) 65	(iii) 568	(iv) 11	187	958

(i) Tonsils only.

(ii) Adenoids only.

(iii) Tonsils and Adenoids.

(iv) Other defects of the nose and throat.

Group IV.—Orthopaedic and Postural Defects.

	Under the Authority's Scheme.			Total number treated
	Residential treatment with education. (1)	Residential treatment without education. (2)	Non-residential treatment at an orthopaedic clinic. (3)	
No. of children treated	28	5	534	567

Group V.—Dental Defects.

(1) Number of Children inspected by the Dentist :—

	Aged		Total.
(a) Routine age-groups	5	...	1937
	6	..	4854
	7	...	5129
	8	...	5090
	9	...	5097
	10	...	4874
	11	...	3622
	12	...	2234
	13	...	1673
	14	...	645

(b) Specials	35155
					248

(c) TOTAL (Routine and Specials)	35403
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(2) Number found to require Treatment	26180
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(3) Number actually Treated	18996
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(4) Attendances made by Children for Treatment	...	22543
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(5) Half-days devoted to Inspection	...	627	} Total	3246
„ „ Treatment	...	2619		

(6) Fillings—	Permanent Teeth	..	15569	} Total	17203
	Temporary Teeth	...	1634		

(7) Extractions—	Permanent Teeth	...	4012	} Total	37924
	Temporary Teeth	...	33912		

(8) Administration of general Anaesthetics for Extractions	—
--	---

(9) Other Operations —				
Permanent Teeth	...	2297	} Total	3263
Temporary Teeth	...	966		

Group VI.—Uncleanliness and Verminous Conditions.

(1) Average number of visits per School made during the year by School Nurses	6
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(2) Total number of Examinations of Children in the Schools by School Nurses	174569
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(3) Number of individual Children found unclean	...	2801
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(4) Number of Children cleansed under arrangements made by the Local Education Authority	...	—
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(5) Number of Cases in which Legal Proceedings were taken—	
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(a) Under the Education Act, 1921	...	—
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(b) Under School Attendance Bye-Laws	...	—
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APPENDIX II.—STATISTICAL TABLES.

Secondary Schools.

TABLE I.—Shewing Number of Children Examined at Different Ages.

Ages	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Grand Totals.
Boys	5	14	28	116	189	176	117	479	57	115	52	19	10	3	1380
Girls	17	47	41	87	180	166	106	260	160	95	51	24	6	—	1240
Totals	22	61	69	203	369	342	223	739	217	210	103	43	16	3	2620

Number of individual children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases).

Group.	Number of Children found to require treatment.		
	Boys.	Girls.	Total.
...	176	323	499

	Boys.	Girls.
Number of Children referred for observation <i>only</i>	64	95
Number of Parents Present	126	567
Number of Objections to Inspections	—	87

Secondary Schools.

Table II.—Return of Defects found in the Course of Medical Inspection.

DEFECT OR DISEASE.	Routine Inspections.	
	Referred for Treatment.	For Observation
DEFECTIVE TEETH	111	—
MALNUTRITION	2	—
UNCLEANLINESS—		
Head	6	—
Body	—	—
CLOTHING UNSATISFACTORY	—	—
FOOTGEAR UNSATISFACTORY	—	—
SKIN—		
Ringworm	—	—
Scabies	—	—
Impetigo	1	—
Other Diseases (non-Tubercular)	11	1
EYE—		
Blepharitis	7	—
Conjunctivitis	1	—
Corneal Opacities	—	—
Defective Vision	212	29
Squint	1	1
Other Conditions	6	—
EAR—		
Defective Hearing	7	1
Otitis Media	1	—
Other Ear Diseases	—	—
NOSE AND THROAT—		
Enlarged Tonsils only	6	19
Adenoids only	2	2
Enlarged Tonsils and Adenoids	16	14
Other Conditions	2	3
ENLARGED CERVICAL GLANDS (Non-Tuberculous)	—	4
DEFECTIVE SPEECH	1	2
HEART AND CIRCULATION—		
Heart Disease—		
Organic	21	11
Functional	5	19
Anæmia	22	—
LUNGS—		
Bronchitis	2	—
Other Non-Tubercular Diseases	7	3
TUBERCULOSIS—		
Pulmonary—		
Suspected	—	—
Non-Pulmonary—		
Glands	—	1
Spine	—	—
Hip	—	—
Other Forms	1	—
NERVOUS SYSTEM—		
Epilepsy	—	1
Chorea	—	—
Other Conditions	3	4
DEFORMITIES—		
Spinal Curvature	15	1
Other Forms	26	1
CONGENITAL SYPHILIS	—	—
OTHER DEFECTS AND DISEASES	23	17
ROUND SHOULDERS	58	6
FLAT FEET	86	18

